STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G761	A. BUILDING _____ B. WING _____	R 02/23/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNGARVIN INDIANA LLC	60650 LILAC RD SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 000}	INITIAL COMMENTS This visit was a post certification revisit (PCR) to a full recertification and state licensure survey completed on November 16, 2011. Date of Survey: February 23, 2012. Facility number: 011959 Provider number: 15G761 AIM number: 200970870 Surveyor: Christine Colon, Medical Surveyor III/QMRP Dungarvin Indiana LLC was found to be in compliance with 42 CFR, part 483, subpart I, and 460 IAC 9 in regard to the PCR for the full recertification and state licensure survey. Quality review completed on 2/29/2012 by Dotty Walton, Medical Surveyor III.	{W 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE